| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004   |  |  |  |   |                      |                                       |            |                     | Application or Docket Number |            |                     |                        |
|---|--|--|--|---|----------------------|---------------------------------------|------------|---------------------|------------------------------|------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |  |   |                      |                                       |            | SMALL ENT<br>TYPE   | ITY                          | OR         | OTHER<br>SMALL E    |                        |
| U.S   | . NATIONAL S                                   | STAGE FEES                                 | 5  | 5   |                      |                                       |            | RATE                | FEE                          |            | RATE                | FEE                    |
| BASIC FEE   |  |  | SMALL ENT.   | SMALL ENT. = \$ 150                         |                      | GE ENT. = \$ 300                      | Ī          | BASIC FEE           |                              | OR         | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |  | (4) = \$50   | PCT Article 33(1)-<br>\$ 50 / \$ 100        |                      | ther situations =                     |            | EXAM. FEE           | *,                           |            | EXAM. FEE           | 200                    |
| SEARCH FEE  |  |  | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |   |                      | other situations =<br>\$ 250 / \$ 500 |            | SEARCH FEE          |                              |            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |  | minus 100 =  |   |                      | / 50 =                                |            | X \$ 125 =          |                              |            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |  | 5 min  | nus 20 =                                    | *                    |                                       |            | X \$ 25 =           |                              | OR         | X \$ 50 =           |                        |
| INDE  | EPENDENT CL                                    | AIMS                                       | / m  | inus 3 ≈                                    | *                    | ·                                     |            | X \$ 100 =          |                              | OR         | X \$ 200 =          |                        |
|   |  | DENT CLAIM PRI                             |  | J   |                      |                                       | l          | + \$ 180 =          |                              | OR         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |  |  |   |                      |                                       | _          | TOTAL               |                              | OR         | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |  |  |   |                      |                                       |            | SMALL E             | NTITY                        | OR         | OTHER<br>SMALL E    |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING`<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                      | PRESENT<br>EXTRA                      |            | RATE                | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus  | **  |                      | =                                     |            | X \$ 25 =           |                              | OR         | X \$ 50 =           |                        |
|   | Independent                                    | *  | Minus  | ***   |                      | =                                     |            | X \$ 100 =          |                              | OR         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |   |                      |                                       |            | + \$ 180 =          |                              | OR         | + \$ 360 =          |                        |
|   |  |  |  |   |                      |                                       | -          | TOTAL ADDIT.<br>FFF |                              | OR         | TOTAL ADDIT.<br>FFF |                        |
|   |  | (Column 1)                                 |  | (Colur                                      | mn 2)                | (Column 3)                            |            |                     |                              |            |                     |                        |
| 4 B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | HIGH<br>NUMI<br>PREVIO<br>PAID              | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA                      |            | RATE                | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME   | Total  | *  | Minus  | **  |                      | =                                     |            | X \$ 25 =           |                              | OR         | X \$ 50 =           |                        |
| AMENDMENT   | Independent                                    | *  | Minus  | ***   |                      | =                                     |            | X \$ 100 =          |                              | OR         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |   |                      |                                       | + \$ 180 = |                     | OR                           | + \$ 360 = |                     |                        |
|   |  |  |  |   |                      |                                       |            | TOTAL ADDIT.<br>FFF |                              | OR         | TOTAL ADDIT.<br>FFF |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |  |   |                      |                                       |            |                     |                              |            |                     |                        |